

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2013
NAME OF PROVIDER OR SUPPLIER WOODVIEW ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3320 E STATE BLVD FORT WAYNE, IN 46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey. This visit included the investigation of complaint IN00121939.</p> <p>Complaint IN00121939 substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey dates: January 9 and 10, 2013</p> <p>Facility number: 012107 Provider number: 012107 AIM number: N/A</p> <p>Survey Team: Julie Call, RN, TC Sue Brooker, RD Virginia Terveer, RN Christine Fodrea, RN</p> <p>Census bed type: Residential: 90 Total: 90</p> <p>Census payor type: Private: 90 Total: 90</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 14, 2013 by Randy Fry RN.</p>	R 000			
R 148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency</p> <p>(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely</p>	R 148			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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R 148	<p>Continued From page 1</p> <p>affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>This RULE is not met as evidenced by: Based on interview and record review, the facility failed to ensure a yearly inspection was completed on the heating and ventilation system. This had the potential to affect all residents residing at the facility.</p> <p>Findings include:</p> <p>During environmental tour on 1-10-2013 at 10 AM, the Maintenance Director indicated, in an interview, the heating and ventilation system had not been inspected in the last year, so there were no records to review.</p> <p>In an interview on 1-10-2013 at 10:19 AM, the Administrator indicated the inspections should have been completed, and she would look for the documentation.</p> <p>In an interview on 1-10-2013 at 1:29 PM, the Administrator indicated the heating and ventilation units had a carbon monoxide detector, and the Maintenance Director reviewed those each week,</p>	R 148			

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R 148	Continued From page 2 but no formal inspection had been completed for the units. 5-1.5(e)(4)	R 148			